



LGBTQ Youth and Child Welfare System Data Collection Fact Sheet

LGBTQ Youth - An Overview

Massachusetts has a substantial LGBTQ population of 5.4%: we have the fourth largest percentage of LGBTQ people in the United States.ⁱ The Commonwealth also has a substantial population of LGBTQ youth: Altogether 3.1 percent of high school students identify as transgender or questioning their gender identity, and 13.9% of high school students identify as LGBTQ.ⁱⁱ

Nationally, LGBTQ youth face significant health disparities and struggle with “stigma, discrimination, family disapproval, and social rejection.”ⁱⁱⁱ LGBTQ youth are more likely to be bullied at school, to avoid going to school due to safety concerns, to have higher rates of feeling sad or hopeless, and to have seriously considered attempting suicide.^{iv}

Massachusetts data show that LGBTQ youth face similar barriers and disparities locally, particularly LGBTQ youth of color and transgender and gender expansive youth. LGBTQ youth in Massachusetts are:

- **Three times** as likely as non-LGBTQ youth to experience homelessness^v
- **Seventy percent** more likely to experience bullying than non-LGBTQ youth^{vi}
- **3.5 times** more likely to skip school due to feeling unsafe^{vii}
- **3.9 times** more likely to have attempted suicide in the past year^{viii}

A significant factor for LGBTQ youth is family rejection. “Family rejection adversely impacts the physical, mental, emotional, and social health of LGBTQ+ youth. At baseline, this group experiences higher rates of negative self-image, substance use, depression, and suicidal ideation than their peers. Recent studies demonstrate that LGBTQ+ youth are more likely to suffer physical violence from their parents and that there is a great deal of psychological distress associated with parental rejection.”^{ix}

Child-Welfare Involved LGBTQ Youth: What does the research show?

LGBTQ youth in foster care face unique challenges on top of the bias, discrimination, and violence faced by LGBTQ youth in their families, schools and communities:

- **LGBTQ youth are overrepresented in state care.** One study of out-of-home youth in Los Angeles County found that 19% of youth in care identified as LGBTQ.^x A 2018 national study of LGB youth in the child welfare system concluded that an estimated 15.5% of youth identified as LGB, with this figure likely underestimating actual prevalence because youth may not feel safe being out.^{xi} Evidence supports “that at least 146,000 youth within the child welfare system identify as lesbian, bisexual, or gay.”^{xii}
- Family violence and rejection because of their sexual orientation and gender identity are key factors leading to the over-representation of LGBTQ youth in the child welfare system.^{xiii} Family rejection “has significant negative impacts that create lifelong elevated risks for adverse health outcomes.”^{xiv}
- **Once in foster care, LGBTQ youth experience significant discrimination and harm, particularly LGBTQ youth of color who are even more vulnerable due to intersecting layers of bias.**^{xv}
 - LGBTQ youth experience more foster care placements, are more likely to be living in group care rather than family settings, and are more likely to exit care without permanence.^{xvi}
 - Almost half of LGBTQ youth must be removed from a foster home because of issues related to their identity.^{xvii}
 - In one study, 56% of LGBTQ youth reported that they would rather be homeless than in foster care because homelessness felt safer than foster care.^{xviii}
- Research shows that LGBTQ youth are often placed in discriminatory or unprepared foster families and group homes, or in more highly restrictive placements than necessary, due to a lack of affirming placements. They are often served by social workers without training on how to effectively support LGBTQ youth. Many do not receive appropriate health care, particularly gender-affirming care.^{xix}
- Discrimination and negative experiences in foster care undermine LGBTQ youths’ well-being and lead to increased risk for homelessness, school drop out, and mental health issues.^{xx}
- Acceptance and connectedness with a trusted adult are protective factors against depression, suicide and other adverse experiences and outcomes.^{xxi}

The Department of Children and Families: Their Obligations to LGBTQ Youth

DCF has a legal obligation to serve LGBTQ youth in its care and custody in an affirming and nondiscriminatory manner in all of its services, programs or activities. See G.L.c. 272, §§ 92A, 98 (prohibiting discrimination in public accommodations on the basis of sexual orientation and gender identity); 110 CMR 1.09 (prohibiting discrimination in the provision of services); Executive Order 526 (providing that “all programs, activities, and services provided, performed, licensed, chartered, funded, regulated, or contracted for by the state shall be conducted without unlawful discrimination” based on sexual orientation and gender identity or expression).

DCF is required, in order to license a foster home or pre-adoptive parent, to ensure that a foster parent can demonstrate that they are able “to promote the physical, mental, and emotional well-being of a child placed in his or her care, including supporting and respecting a child’s sexual orientation or gender identity.” 110 CMR 7.104.

Although DCF lacks an agency-wide policy about affirming and supporting LGBTQ youth as exists in other New England states such as Connecticut,^{xxii} Rhode Island,^{xxiii} and Vermont,^{xxiv} the DCF LGBTQ Liaisons published a guide to supporting DCF-involved LGBTQ youth that provides helpful practical information for youth and all people working with youth. The guide is available on GLAD’s [website](#).

Sexual Orientation and Gender Identity Data Collection Why is it so important?

Data collection is necessary to understand the experience of LGBTQ youth at all touchpoints of the child welfare system, from removal to placement to outcomes. With a clearer understanding of how many LGBTQ youth are system-involved, drivers of system involvement and system outcomes, we would be able to better address prevention and provide supports in families of origin as well as ensure better placements and supports for youth who are in out of home care. Data collection and transparency is critical to understanding and addressing disparities in experiences and outcomes for LGBTQ youth in care and custody.

- It is best practice to collect SOGI data in all systems in order to identify needs and disparities and to ensure delivery of critical services and programs. Major institutions in health care (e.g. the CDC,^{xxv} AAP,^{xxvi} AMA,^{xxvii} APA^{xxviii}), child welfare (e.g. CWLA, Annie E. Casey) and education (e.g. AERA, NASP) emphasize the need to collect SOGI data.^{xxix}
- Every child has a gender identity, and every child has a sexual orientation. A child’s gender and sexual orientation are parts of their core identity, inseparable from other aspects of identity. Experts agree that it is best practice to ask all children their SOGI status, not just those children that adults perceive to be LGBTQ, in order to ensure

systems identify LGBTQ youth and adapt services to their needs, including services to support them in their families of origin as well as in out of home care.

- It is important for demographic data to be collected in a developmentally appropriate and culturally affirming way. For questions about sexual orientation, it is recommended to ask youth ages 10 and older. Gender identity typically emerges earlier than sexual orientation identity, and transgender children can articulate their identities as early as age 3. Gender identity information should be recorded for children of any age, and it is recommended that a transgender status question be asked beginning at age 10.
- **DCF has a duty to care for and meet the needs of all youth in its care, including LGBTQ youth. Not collecting data on LGBTQ youth can cause harm to youth by denying their existence and not holding systems and adults accountable for their protection, care, and support.**^{xxx}

Is DCF Able to Collect SOGI Data?

Yes. DCF has previously committed to collecting SOGI data, and they have the technical capability to do so, having built the data fields in 2016. Despite the capacity to do so, DCF made little progress on collecting the data until 2019 when they began collecting the data. DCF has not yet publicly reported SOGI data. In meetings with advocates, DCF states that it is committed to collecting the data and that they have the resources to train staff on how to collect data in an affirming manner.

How do we know data collection is happening with sensitivity and cultural affirmation? What about training for workers collecting data?

- Beyond workers' legal obligations, they have an ethical duty to approach their work with youth in a non-discriminatory and affirming way.^{xxxi} Additionally, the DCF Union, SEIU509, expressed in a February 2020 letter to Secretary Sudders support for the collection of these data.
- Data collection is effective and efficient when paired with an affirming agency policy as well as comprehensive training for staff.
 - Despite many requests and the creation of a draft model policy with stakeholder input, DCF has refused requests, to date, to put in place an affirming policy for LGBTQ youth. Such policies are in place in Vermont, Connecticut, and Rhode Island, among other states.
 - DCF acknowledges the need for ongoing training for staff and has the ability to do so. For example, the agency stated in February 2020 that it has adequate funds for training.
- Ensuring that SOGI data collection is included in the DCF accountability bill will ensure that DCF is accountable to collecting and reporting this critical data.

I've heard that this issue will be taken up in the DCF Data Task Force in the future - isn't that enough?

There is no known plan for whether the DCF Data Task Force (DTF) will address SOGI data collection and reporting in the future, but this legislation can provide clarity and guidance and ensure that SOGI data is collected and reported.

During its initial three years of meetings, the DTF did not address LGBTQ youth or SOGI data collection, and its 2019 Annual Report made no mention of LGBTQ youth whatsoever. This is despite the documented vulnerability of LGBTQ youth in DCF custody: DCF's Annual Progress and Services Report in 2017 listed LGBTQ youth as DCF's most vulnerable population. Additionally, the DTF did not include representation from the LGBTQ community, and it appears to have operated for years in violation of state open meetings laws so that the LGBTQ community was unable to participate in a meaningful manner in its work or deliberations.

Legislation to require demographic data collection and reporting is critical to ensure that this collection and reporting is taking place. LGBTQ youth cannot be excluded from legislative accountability and protections.

What is happening on a federal level with child welfare data collection and reporting?

The Trump Administration recently removed Obama-era reforms to ensure the inclusion of LGBTQ youth in federal child welfare reporting requirements.

In May 2020, the Trump Administration announced that it would remove data collection on LGBTQ youth from the federally required semi-annual reporting on all children in foster care -- the Adoption and Foster Care Analysis and Reporting System (AFCARS). This action follows a long line of actions the Trump Administration has taken to harm and render invisible LGBTQ people throughout the United States. Read GLAD's [statement](#) on this action.

Nationally, "a major barrier to the study of outcomes for LGBTQ youth of color has been a gap in state, tribal, and federal child welfare data."^{xxxii} In the absence of federal leadership on the protection of LGBTQ youth, Massachusetts can and should act to to protect LGBTQ youth.

What must be included in the DCF accountability bill to insure better tracking of system disparities?

The DCF [accountability bill](#) - H. 4852 / S. 2884 - has many provisions, and the House and Senate versions differ considerably. It is critical that any final bill include the following:

- Inclusion of sexual orientation and gender identity in demographic data collection

- Representation of impacted communities as members on the DCF Data Task Force particularly communities of color, the LGBTQ community, and the disability advocacy community

Who supports these priorities - representation on the DCF Data Task Force of impacted communities and SOGI data collection - in the DCF accountability bill?

- The Massachusetts Commission on LGBTQ Youth has long advocated for comprehensive data collection throughout Massachusetts government systems.
- Supporting organizations include BAGLY, Center for Law, Brain and Behavior (CLBB) at Massachusetts General Hospital, Center for Public Interest Advocacy and Collaboration (CPIAC) at Northeastern University School of Law, Children’s Law Center of Massachusetts, Citizens for Juvenile Justice, Committee For Public Counsel Services, Disability Law Center, End Mass Incarceration Together (EMIT), Fenway Health, Freitas & Freitas, LLP; Friends of Children; GLBTQ Legal Advocates & Defenders; Greater Boston Legal Services - CORI & Re-Entry Project, Honorable Jay Blitzman, Juvenile Court (Retired), HopeWell, Justice Resource Institute, Massachusetts Advocates for Children, Massachusetts Coalition for the Homeless, Massachusetts Commission on LGBTQ Youth, Massachusetts Law Reform Institute, Massachusetts Trans Political Coalition, Mental Health Legal Advisors Committee, MissionSAFE, More Than Words, New England Association for Family and Systemic Therapy, Parent Professional Advocacy League, Real Cost of Prisons Project, Supporters of Worcester Area Gay and Lesbian Youth (SWAGLY).

Where can I find more information about data, data collection and best practices regarding data collection and LGBTQ youth:

- Aisha Canfield et al., The Whole Youth Model: How Collecting Data About Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) Helps Probation and Youth Courts Build More Authentic Relationships Focused on Improved Well-Being (Dec. 19. 2019),
<https://static1.squarespace.com/static/58ba8c479f7456dff8fb4e29/t/5df9b42562595e70909884e5/1576645698865/sogie.practice.guide.17december2019.pdf>.
- Bianca D.M. Wilson et al., Williams Inst., Surveying LGBTQ Youth in Foster Care: Lessons from Los Angeles (2016),
<https://williamsinstitute.law.ucla.edu/wp-content/uploads/Surveying-LGBTQ-Youth-Foster-Care-Nov-2016.pdf>.
- Alison Delpercio & Gabe Murchison, Human Rights Campaign, Sogie Data Collection (2017),
http://assets2.hrc.org/files/assets/resources/HRC_ACAF_SOGIE_Data_Collection_Guide.pdf

- Alan J. Dettlaff & Micki Washburn, *Outcomes of Sexual Minority Youth in Child Welfare: Prevalence, Risk, and Outcomes: A Guide for Child Welfare Professionals*, Univ. of Houston (2018), https://cssp.org/wp-content/uploads/2018/08/Sexual-Minority-Youth-in-Child-Welfare_providers_final.pdf
- LGBTQ Youth of Color Impacted by the Child Welfare and Juvenile Justice Systems: A Research Agenda, (Kerith J. Conron & Bianca D.M. Wilson eds., 2019), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTQ-YOC-Social-Services-Jul-2019.pdf>

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ⁱ *LGBT Demographic Data Interactive*, The Williams Institute (Jan., 2019), <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=25#economic>.

ⁱⁱ Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth, *Massachusetts Commission on LGBTQ Youth: 2021 Report and Recommendations 31* (2020), <https://www.mass.gov/lists/annual-recommendations-commission-on-lgbtq-youth>. (Hereinafter “Youth Commission Report”).

ⁱⁱⁱ Laura Kann et al., *Youth Risk Behavior Surveillance — United States, 2017*, 67 *MMWR Surveillance Summaries* 1, 2 (Jun. 15, 2018).

^{iv} *Id.* at 19-25.

^v Youth Commission Report at 25.

^{vi} *Id.* at 5.

^{vii} *Id.*

^{viii} *Id.*

^{ix} *Id.* at 39.

^x The Williams Institute, *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles* 6 (2014). Approximately 4-10% of the population nationally is LGBT. See https://youth.gov/youth-topics/lgbtq-youth/child-welfare#_ftn

^{xi} Alan J. Dettlaff & Micki Washburn, *Outcomes of Sexual Minority Youth in Child Welfare: Prevalence, Risk, and Outcomes: A Guide for Child Welfare Professionals*, Univ. of Houston 4, 11 (2018).

^{xii} *Id.* at 11. For user-friendly fact sheets arising out of this data, see <https://uh.edu/socialwork/docs/prevalence-of-lgb-youth-in-child-welfare.pdf>; <https://uh.edu/socialwork/docs/asking-about-and-affirming-sexual-orientation-in-lgb-youth.pdf>; <https://uh.edu/socialwork/docs/5-things-to-consider-about-lgb-youth-in-child-welfare.pdf>

^{xiii} The Williams Institute, *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles* 11 (2014).

^{xiv} Youth Commission Report at 38.

^{xv} Harold Briggs & Kimberly Hoyt, *LGBTQ Youth of Color in Systems: Child Welfare*, in *LGBTQ Youth of Color Impacted by the Child Welfare and Juvenile Justice Systems: A Research Agenda* 45, 46 (Kerith J. Conron & Bianca D.M. Wilson eds., 2019).

- ^{xvi} See The Williams Institute, *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles* 6 (2014).
- ^{xvii} Youth Commission Report at 39.
- ^{xviii} See The Williams Institute, *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles* 12 (2014) (citing study by Feinstein, Greenblatt, Hass, Kohn & Rana, 2001 that “56% of LGBTQ foster youth surveyed spent time on the streets because they felt safer there than in their group or foster home”).
- ^{xix} Amy M. Salazar et al., *Developing Relationship-Building Tools for Foster Families Caring for Teens who are LGBTQ2S*, 96 *Child Welfare* 75, 76 (2018).
- ^{xx} Youth Commission Report at 39; see Amy M. Salazar et al., *Developing Relationship-Building Tools for Foster Families Caring for Teens who are LGBTQ2S*, 96 *Child Welfare* 75, 76 (2018) (“Youth in foster care who identify as LGBTQ2S are at high risk for homelessness as the rejection and discrimination they often experienced in their biological homes is replicated in the child welfare system” citations omitted.)
- ^{xxi} See Youth Commission Report at 40.
- ^{xxii} Connecticut Department of Children and Families, *Non-Discrimination of LGBTQQIAA Individuals* 21-16 (Jan. 2, 2019), <https://portal.ct.gov/-/media/DCF/Policy/Chapters/21-16.pdf>.
- ^{xxiii} Rhode Island Department of Children, Youth and Families, *Department Operating Procedure 100.0100: Sexual Orientation, Gender Identity and Expression* (Nov. 10, 2016), http://www.dcyf.ri.gov/policyregs/sexual_orientation_gender_identity_and_expression.htm.
- ^{xxiv} Vermont Department of Children and Families, *Family Services Policy 76: Supporting and Affirming LGBTQ Children & Youth* (Feb. 27, 2020), <https://dcf.vermont.gov/sites/dcf/files/FSD/Policies/76.pdf>.
- ^{xxv} *Collecting Sexual Orientation and Gender Identity Information: Importance of the Collection and Use of These Data*, Centers for Disease Control and Prevention (April 1, 2020), <https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/collecting-sexual-orientation.html>
- ^{xxvi} David A. Levine et al., *Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth*, 132 *Pediatrics* 198, 199 (2013), <https://doi.org/10.1542/peds.2013-1283>.
- ^{xxvii} Am. Medical Ass’n, *Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation* H-315.967 (2019); Am. Medical Ass’n, *Protecting the Integrity of Public Health Data Collection* H-440.817 (2018).
- ^{xxviii} *Resolution on Data About Sexual Orientation and Gender Identity*, Am. Psychological Ass’n (2016), <https://www.apa.org/about/policy/data-sexual-orientation>.
- ^{xxix} Tracey Field, *It is Time to Start Counting Kids Who are LGBTQ in Child Welfare*, 96 *Child Welfare* 1 (2018); Annie E. Casey Foundation, *CWLA Presents Experts, Ideas and Data Gaps on LGBTQ Youth in Foster Care* (Aug. 7, 2018), <https://www.aecf.org/blog/cwla-presents-experts-ideas-and-data-gaps-on-lgbtq-youth-in-foster-care/>; Am. Ed. Research Ass’n, *LGBTQ Issues in Education: Advancing a Research Agenda, Selected LGBTQ Research Recommendations* 2 (July 9, 2015), <https://www.aera.net/Portals/38/November%202013/LGBTQ%20Fact%20Sheet%20-%20Research%20Recommendations.pdf?ver=2015-07-09-170057-273>; Am. Psychological Ass’n & Nat. Ass’n of School Psychologists, *Resolution on gender and sexual orientation diversity in children and adolescents in schools* (2015), <https://www.nasponline.org/x27858.xml>.
- ^{xxx} When writing about the decision to not collect SOGI data in our state COVID-19 data collection protocols, the Massachusetts Commission on LGBTQ Youth reflected as follows: “[T]he Commonwealth has elected not to collect sexual orientation and gender identity (SOGI) data in its work measuring and responding to the pandemic. This decision has dealt irreparable harm to the community. Such an erasure of our identities not only sends the message that LGBTQ people do not matter, it also means that we will never truly know the depth and breadth of the pandemic’s impact.” Youth Commission Report at 12.
- ^{xxxi} See 258 CMR 20.08: *Unlawful Discrimination* (2004) (“A social worker shall not engage in, facilitate, or collaborate in any form of discrimination on the basis of race, color, religious creed, national origin, sex, sexual orientation, age, ancestry, marital status, status as a veteran or member of the armed forces, blindness, hearing impairment or any physical or mental disability with respect to the availability, provision, or performance of any professional function or service.”)
- ^{xxxii} Harold Briggs & Kimberly Hoyt, *LGBTQ Youth of Color in Systems: Child Welfare, in LGBTQ Youth of Color Impacted by the Child Welfare and Juvenile Justice Systems: A Research Agenda* 45, 47 (Kerith J. Conron & Bianca D.M. Wilson ed., 2019).